J&K Third Party Administrator
877-872-4232
coc.jandkcons.com

Cincinnati Retirement System - HRA Enrollment

PLAN SPONSOR INFORMATION

Cincinnati Retirement System

Send completed form to: Cincinnati Retirement System, 801 Plum Street, Suite 240, Cincinnati, OH 45202 OR FAX 513-352-1520

For questions contact: CRS at 513-352-3227 or retirement@cincinnati-oh.gov

Pensioner Information

Pensioner Name:	Date of Birth:	Gender: ☐ M ☐ F
Social Security No:	HRA Effective Date:	
Home Address: (Street, City, State, Zip)		
Home Phone:	Work Phone:	Cell Phone:
Email Address:		

SPOUSE INFORMATION

Spouse Name:	Date of Birth:	Gender: ☐ M ☐ F
Social Security No:	HRA Effective Date:	
Email Address:	Work Phone:	Cell Phone:

If the alternate non City sponsored Group Plan is a High Deductible Plan with an HSA (Health Savings Account), you are not eligible to participate in the HRA, unless the employer allows the participant to drop the HSA portion of the plan.

If your primary health insurance coverage is through Medicare, Tricare for Retired Military, or any City of Cincinnati sponsored health plan you are not eligible for the HRA.

DEPENDENT INFORMATION: (Attach a separate sheet if additional space is needed for additional dependents)

Name:	Date of Birth:	Gender: ☐ Male ☐ Female
Social Security No:		
Name:	Date of Birth:	Gender: ☐ Male ☐ Female
Social Security No:		
Name:	Date of Birth:	Gender: ☐ Male ☐ Female
Social Security No:		
Name:	Date of Birth:	Gender: ☐ Male ☐ Female
Social Security No:		

PENSIONER AUTHORIZATION

I understand that by enrolling in this HRA, I am waiving participation in a Cincinnati Retirement System Medical Plan. I hereby authorize the Cincinnati Retirement System to enroll me in the CRS sponsored Integrated HRA. I agree to comply with the terms and conditions of the plan. I further understand that if any current contributions are made to an HDHP/Health Spending Account (HSA), I am ***not eligible*** to participate in the HRA offered through the Cincinnati Retirement System.

Pensioner Signature: **Date:**